STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	Rbarel Corr	nan	
II. Name of lobbyist's partnersh	ip, firm or corporation, if	any:	
(Name of partners	hip, firm or corporation)		
	•		
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(Telephone)	(Fa	e-mailx)	
III. This statement covers: (Cho reportable expense transactions	ose one – file separate repo	orts for each client, OR you m	ay file a separate report for
Amorican Ch	of Client as it appears on the I	,	
October 2	2017	July 26, 2017 activity from 4/1/17 to 6/30/17 January 31, 2018 activity from 10/1/17 to 12/31	
V. There have been no fees re If this box is checked, complete just Concord, NH 03301.			
VI. Check if additional reports a	re attached:		
		file Addendum A- Fees and E	-
☐ If you have paid an honorarium Expense Reimbursement	n or reimbursed expenses, y	ou must file Addendum B-Re	eport of Honorariums or
•	ly has made political contri	butions, you must file Addendo	um C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, R and complete to the best of my known and the statement of the	SA 14-C and RSA 664 and	hereby swear or affirm that the	
(Signature of lobbyist)	· Com March	<u> </u>	RECEIVED
(Print Name of lobbyist)	borman		JAN 1 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE